2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) J29239 DOCUMENT

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90058 041 ***150.00

G. P. ORIGINALS, INCORPORATED						
Principal Place of Business % GEORGIOS PANAYIOTOU 36 NE 1ST ST STE 257 MIAMI FL 33132		Mailing Address % GEORGIOS PANAYIOTOU 36 NE 1ST ST STE 257 MIAMI FL 33132				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2712530	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional se Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name			
Panayiotou, georgios 36 Northeast First Street			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SEYBOLD BUILDING #938-				SVITE # 257		
, MIAMI FL 33132			City	ナビ # 257 FL	Zip Code	
The above named entity submits this statement for the purpose of changing its registered office			registered office or regist	tered agent, or both, in the State of Florida. I am far	miliar with, and accept	
- the obligat	tions of registered agent.	/				
SIGNATURE Signature, typed or shited name of registered agent any file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
E	ILE NOW!!! FEE IS \$150.00					
After May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5.00 May Be	
	Payable to Florida Department of	State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	PANAYIOTOU, GEORGIOS	_ Build	NAME	•		
STREET ADDRESS	11109 N.E. 10 AVE.		STREET ADDRESS			
CITY-ST-ZIP	BICAYNE PARK FL					
TITLE			CITY-ST-ZIP			
NAME		☐ Delete		[☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305 372-2982

Daytime Phone #